

FAA/ICAO Fellowship Program

Part II: Supervisor's Approval and Recommendation

Name of Employee: _____

Signature of Employee: _____

Supervisor's Statement: Please briefly describe this employee's professional capabilities and potential for success in the Fellowship program. If you require more space, please attach additional pages.

Financial Sponsorship

Check One:

- ☐ If this employee is selected for a Fellowship, my line of business will consider paying the costs of this Fellowship.
- ☐ My line of business is unable to pay the costs of this Fellowship.

Name of First Line Supervisor

Title and Routing Symbol

Office Address

Telephone

Fax

Signature of First Line Supervisor

Date

Name of Second Line Supervisor

Title and Routing Symbol

Office Address

Telephone

Fax

Signature of Second Line Supervisor

Date